

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------|-------------|----------|
| FEE DETERMINATION | <i>ABOVE</i> | | 09-04-0 |
| O.I.P.E. CLASSIFIER | | | 9/14/01 |
| FORMALITY REVIEW | <i>FR</i> | 1018 825 | 10-03-01 |
| RESPONSE FORMALITY REVIEW | <i>CR</i> | | 12-05-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 - Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
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| Claim | Date |
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| Final | Original |
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| Claim | Date |
|-------|----------|
| Final | Original |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

883
10/03/01